

## **FORM 6 – FIRST STEPS PROVIDER ENROLLMENT FORM INSTRUCTIONS (Revised 4/08)**

### Page 1 of

If you only use Form 6 it will be Page 1 of 1. If one or more continuation pages are required to list all individuals who will be providing services for your provider entity, attach all continuation pages and number accordingly (ex. Page 1 of 3).

### Provider ID #

New providers leave this blank. Renewals or Addendums enter your five-digit First Steps Provider Number.

### Application Type

New:	Check “new” if this is a new application.
Contract Renewal:	Check “contract renewal” if this is a contract renewal.
Addendum:	Check “addendum” if this contains a change to an existing contract (ex. updated e-mail address) or is being submitted to add individual providers to or delete individual providers from an existing contract. (For addition or deletion of individual providers, use the following letter codes in the first column of Section 3: <b>(A)</b> Add or <b>(D)</b> Delete.

## **Section 1: Billing Information**

### 1. Business Name

This should be the name of the business/individual listed as the provider on page 1 of Form 5: Provider Agreement.

### 2. Federal Tax ID/Soc. Sec. #

The Internal Revenue Service requires that we have a Tax Identification Number on file for any company or individual we pay. Your Tax Identification Number is a Federal Employer Identification Number (FEIN) or a U.S. Social Security Number (SSN).

### 3. National Provider Identifier (NPI)

This is the National Provider Identifier (NPI) assigned by the National Plan and Provider Enumeration System (NPPES). The NPI of the Billing Entity/Organization should be entered here. If an individual provider is enrolling, this will be the individual's NPI. If an agency/organization is enrolling, this will be the agency's NPI (and the individual NPI's for agency employees will be listed below). Effective July 1, 2007: 1) new agency enrollment applications will not be accepted without an agency/organization NPI listed and an individual NPI listed for all agency employees that are being enrolled, and 2) individual provider enrollment applications will not be accepted without an individual NPI listed for the applying individual. If the agency or one or more individual providers on the application has been denied an NPI by the NPPES, write DENIED in the appropriate NPI box and attach the letter of denial from the NPPES to the enrollment application. For instructions for obtaining an NPI and/or an application, visit: <https://nppes.cms.hhs.gov/NPPES/Welcome.do> .

### 4. – 8. Address

Enter the complete mailing address for the Business identified in Box 1. This is the address to which all First Steps related correspondence, including checks, will be sent to.

**9. Phone #**

Enter the telephone number for the Business.

**10. Cell Phone #**

Enter a cell phone number for the Contract Administrator or another responsible party at the Business, if available.

**11. First Steps Contract Administrator**

DO NOT LEAVE BLANK. This is the name of the person who signs Form 5: First Steps Provider Agreement.

**12. E-Mail**

DO NOT LEAVE BLANK. Provide an e-mail address for the Contract Administrator.

**13. FAX #**

Enter a FAX number for the Business.

**14. Billing Contact Person**

Enter the name of a Billing Contact person at the Business if that person is someone other than the Contract Administrator.

**15. E-Mail**

Enter an e-mail address for the Billing Contact person.

**16. Tax Status**

DO NOT LEAVE BLANK. Check the appropriate tax status for the Business.

**17. District(s) Served**

Check ALL District's in which "counties served" are located.

**Section 2: Sources of Alternate Funding**

List sources of alternate funding. See definition to the right of the box. If you have no other source of funding for First Steps services, write NONE in the first box under SOURCE.

**Section 3: Service Provider(s) and Discipline(s)**

\*A/D:                      New Providers: leave blank  
                                 Contract Renewals: leave blank  
                                 Addendums: Enter "A" if adding an individual to your existing FS provider agreement. Enter "D" if deleting an individual from your existing FS provider agreement.

**Individual Service**

Provider Name:              Enter the individual service provider's name. If he or she is certified, licensed or registered, list the name as it appears on the certificate, license or registration.

New Provider/Contract Renewal: Enter the name of each individual that will provide early intervention (First Steps) services under this agreement. *If the individual is an active or retired state employee, enter the code SE beside his/her name.*

Addendum: Enter the name of each individual for which you are submitting a change. *If the individual is an active or retired state employee, enter the code SE beside his/her name.*

SSN: Enter the Social Security Number for the individual service provider.

Individual NPI: Enter the individual service provider's National Provider Identifier (NPI).

Disc Code: Refer to Form 9: Codes of Disciplines. Enter the appropriate two-digit discipline code for each professional discipline for which the individual listed will provide services and bill First Steps. In order to be a provider, each individual must meet the requirements for that discipline as specified in 911 KAR 2:150.

Lic # In addition to recording the license/certification number in the space provided, legible copies of the professional license(s) and/or certificate(s) must be attached for each individual listed.

Lic Exp Date: List the expiration date for the individual provider's license/certification.

County(ies) To  
Be Served: List each county in which the individual will provide early intervention (First Steps) services.

Leave remaining columns blank.

Attach as many continuation pages (Form 6A) as necessary.